

021904

16562 U.S. PTO

Practitioner's Docket No. FORE-107

PATENT

322782 U.S. PTO
10/782217

021904

Preliminary Classification:

Proposed Class:

Subclass:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Kevin Nolish; Drew Anderson; Keith Arner

For (title): METHOD, APPARATUS AND SOFTWARE FOR PREVENTING SWITCH FAILURES
IN THE PRESENCE OF FAULTS

1. Type of Application

This application is for an original (nonprovisional).

2. Papers Enclosed

- A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design)
Application

EXPRESS MAILING UNDER 37 C.F.R. § 1.10**(Express Mail label number is mandatory.)**(Express Mail certification is optional.)*

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date February 19, 2004, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EL700962277US.

Date:

2/19/04Tracey L. Milka

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13 Page(s) of Specification
4 Page(s) of Claims
2 Sheet(s) of Drawing(s)--Informal

B. Other Papers Enclosed

1 Page(s) of abstract

3. Declaration or Oath

Not Enclosed.

Application is made by a person authorized under 37 C.F.R. § 1.41(c) on behalf of all of the above-named inventors.

4. Inventorship Statement

The inventorship for all the claims in this application is the same.

5. Language

English

6. Assignment

An assignment of the invention to Marconi Communications, Inc. will follow.

7. Fee Calculation (37 C.F.R. § 1.16)

Regular Application

CLAIMS AS FILED									
Number Filed		Number Extra				Rate		Basic Fee 37 C.F.R. § 1.16(a) 770.00	
Total									
Claims (37 C.F.R. § 1.16(c))		19	–	20	=	0	x \$	18.00	= \$ 0.00
Independent									
Claims (37 C.F.R. § 1.16(b))		3	–	3	=	0	x \$	86.00	= \$ 0.00
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))							+ \$	290.00	= \$ 0.00

Filing Fee Calculation

\$770.00

8. Fee Payment Being Made at This Time

Enclosed

Filing Fee
\$770.00

Total Fees Enclosed

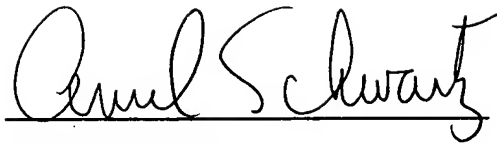
\$770.00

9. Method of Payment of Fees

Attached is a check in the amount of \$770.00.
A duplicate of this paper is attached.

10. Instructions as to Overpayment

Credit Account No. 19-0737.



Ansel M. Schwartz
Registration No. 30,587
Attorney at Law
201 N. Craig Street
Suite 304
Pittsburgh, PA 15213
412-621-9222